

# **GUARDIANSHIP and/or CONSERVATORSHIP**

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or file this page

# **1**

## **To Release Restricted Funds (Forms Packet)**

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Packet Last Revised October 2005  
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PBGCR1fc - 5266



## SELF SERVICE CENTER

### PETITION FOR RELEASE OF RESTRICTED FUNDS -- MINOR or ADULT (FORMS ONLY)

#### How to assemble these documents

This packet contains court forms on how to get a court order to use restricted funds for a minor or adult. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBGCR1ft	Table of forms in this packet	1
2	PBGCR1k	Checklist for <i>"Petition for Release of Funds"</i>	1
3	PBGCR11f	<i>"Petition for Release of Funds"</i>	2
4	PBGCR12f	<i>"Request for Hearing Form"</i>	1
5	PBGC18f	<i>"Notice of Hearing"</i>	1
6	PB24f	<i>"Publication Affidavit"</i>	2
7	PBGC19f	<i>"Waiver of Notice of Hearing"</i>	1
8	PBGC29f	<i>"Proof of Notice of Hearing"</i>	2
9	PBGCR81f	<i>"Order Releasing Restricted Funds"</i>	2
10	PBGCR91f	<i>"Summary of Receipts and Expenditures"</i>	1

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## SELF SERVICE CENTER

### RELEASE OF RESTRICTED FUNDS

#### CHECKLIST

**Use the forms and instructions in this packet only if the following factors apply to your situation:**

- ✓ You have been appointed the guardian and/or conservator for a minor or adult, AND,
- ✓ The protected minor or adult's funds are in a restricted account in the bank, AND,
- ✓ You want permission from the court to use the money for something very important.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_  
 Attorney State Bar Number: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

PB Number: \_\_\_\_\_

### PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT

\_\_\_\_\_ ☐ a minor or ☐ an adult

1. **APPOINTMENT:** The following person was appointed (name) \_\_\_\_\_  
 and accepted appointment as (check one box):

- ☐ Guardian and conservator on (date) \_\_\_\_\_;  
☐ Guardian (date) \_\_\_\_\_  
☐ Conservator (date) \_\_\_\_\_.

2. **BIRTH DATE.** The ☐ minor or ☐ adult was born on (date) \_\_\_\_\_

3. **RESTRICTED FUNDS:** The minor/adult has exactly \$\_\_\_\_\_ in a restricted account,  
 (account number) #\_\_\_\_\_ deposited with (name of bank or financial institution)

4. **NO PREVIOUS WITHDRAWALS.**

☐ No previous withdrawals have been made from the account without a written order of this Court.  
 (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

5. **REASON THE FUNDS ARE NEEDED.**

☐ The minor/adult needs funds from the restricted account for the following reasons and in the following amounts:

REASON/PURPOSE	AMOUNT
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

**6. NO OTHER SOURCE OF FUNDS.**

- ☐ There is no other source of funds to pay for these needs, and no parent or other person is under a legal obligation to satisfy this need. (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

**REQUEST TO THE COURT**

**PETITIONER ASKS THAT THE COURT DO THE FOLLOWING THINGS AFTER NOTICE AND HEARING:**

1. Direct the release of restricted funds in the amounts and for the purposes requested in this Petition;
2. Require proof to be filed with this Court within a reasonable period of time that the released funds have been used for the purposes described in this Petition;
3. Make any other orders the Court decides are in the best interests of the minor/adult.

**OATH OR AFFIRMATION AND VERIFICATION**

**I swear or affirm that the information on this document is true and correct under penalty of perjury.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to or Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(date)

My Commission Expires: \_\_\_\_\_  
Deputy Clerk or Notary Public

Petitioner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP Code: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_

Case No. PB \_\_\_\_\_

## REQUEST FOR HEARING DATE AND INSTRUCTIONS FOR PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT

1. **Court Location:** Remember at which court location you will file the papers, because that is where the hearing will be held:

**DOWNTOWN PHOENIX**  
 Probate Court Administration  
 125 W. Washington. 1st Floor  
 Phoenix, AZ 85003-2205

**NORTHEAST FACILITY**  
 Probate Court Administration  
 18380 N. 40<sup>th</sup> St.  
 Phoenix, AZ 85032

**SOUTHEAST FACILITY**  
 Court Administration  
 222 E. Javelina Drive  
 2nd Floor, Suite 2100  
 Mesa, AZ 85210

**NORTHWEST FACILITY**  
 Court Administration  
 Northwest Regional Court Facility  
 14264 West Tierra Buena Lane  
 Surprise, AZ 85374

2. **Court Documents:** After you file the petition with the Clerk's Office, take the following documents to Probate Court Administration at the address listed in Number 1 above:

- a. Two court-stamped copies of the Petition for Release of Funds from Restricted Account, AND
- b. Two completed copies of this Request Form.

3. **Scheduling your hearing:** Court administration will set a hearing date and time and check the box before the name of the judicial officer who will hear this matter from the list below.

**HEARING DATE AND TIME:** \_\_\_\_\_, at \_\_\_\_\_ am. / pm.

**HEARING ADDRESS:** \_\_\_\_\_

**JUDGE/COMMISSIONER:** \_\_\_\_\_

4. **Completing your Notice of Hearing Form:** After Court Administration returns this form to you, you can complete your Notice of Hearing form by adding the date and time of the hearing, and the name of the judicial officer scheduled to hear your matter to the Notice of Hearing form. Then you are ready to serve or give notice of the Petition and all the required papers to all the required persons.

Name of Person Filing Document: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without a Lawyer) or  
☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

☐ an Adult ☐ a Minor

Case Number: PB \_\_\_\_\_

### NOTICE OF HEARING REGARDING

(Check one box)

- ☐ Guardianship  
☐ Conservatorship  
☐ Guardianship and Conservatorship  
☐ Accounting

**READ THIS NOTICE CAREFULLY.** An important court proceeding that affects your rights has been scheduled. If you do not understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that the Petitioner has filed with the Court the following Petition and other court papers (List the title of the Petition and the titles of all papers you filed with the court):
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  
2. **COURT HEARING.** A court hearing has been scheduled to consider the Petition and matters in the court papers as follows:
 

**DATE AND TIME:** \_\_\_\_\_

**PLACE:** \_\_\_\_\_

**JUDICIAL OFFICER:** \_\_\_\_\_
  
3. **RESPONSE TO PETITION.** You can file a written Response to the Petition. If you file a written Response, file the original with the court, provide a copy to the office of the judicial officer named above, and mail a copy to all interested parties at least five (5) business days before the hearing. Or, you can appear in person at the hearing. You must appear at the hearing **only** if you wish to object to the Petition.

DATED: \_\_\_\_\_  
 (Month/Day/Year)

\_\_\_\_\_  
 Petitioner's Signature

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without a Lawyer) or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 MARICOPA COUNTY**

Regarding the Matter of \_\_\_\_\_

(Name)

Case Number: PB \_\_\_\_\_  
**AFFIDAVIT SHOWING CIRCUMSTANCES  
 WHY NOTICE BY PUBLICATION WAS USED  
 AND ABOUT THE PUBLICATION**

1. I am the Petitioner or Applicant and make this Affidavit to show the circumstances why notice by publication was used, and to show how service by publication was done.
2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:  
**Name:** \_\_\_\_\_  
**Last Known Address:** \_\_\_\_\_  
**Last Date I Tried to Find Person:** \_\_\_\_\_  
**Relationship of Person to this Case:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Last Known Address:** \_\_\_\_\_  
**Last Date I Tried to Find Person:** \_\_\_\_\_  
**Relationship of Person to this Case:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Last Known Address:** \_\_\_\_\_  
**Last Date I Tried to Find Person:** \_\_\_\_\_  
**Relationship of Person to this Case:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Last Known Address:** \_\_\_\_\_  
**Last Date I Tried to Find Person:** \_\_\_\_\_  
**Relationship of Person to this Case:** \_\_\_\_\_



Case No. \_\_\_\_\_

2. I made a diligent search to find out the residence and whereabouts of the people entitled to notice, but the search has failed to reveal any information concerning their residence or whereabouts.
3. I contacted the persons listed below to find out the location of the following people entitled to notice:

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

4. ☐ NOTICE OF HEARING or ☐ NOTICE TO CREDITORS was published in a newspaper in this County on the following dates.

A. \_\_\_\_ / \_\_\_\_ / \_\_\_\_,

B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_,

C. \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

5. I have read this statement and know of my own knowledge that the facts stated herein are true and correct.

\_\_\_\_\_  
Petitioner's Signature

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_, by \_\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
Notary Public/Deputy Clerk

My Commission expires:

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without a Lawyer) OR  
☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

\_\_\_\_\_ ☐ an Adult or ☐ a Minor

STATE OF ARIZONA )  
 County of Maricopa ) ss.

Case Number: PB \_\_\_\_\_

### WAIVER OF NOTICE OF HEARING ON PETITION REGARDING

(Check one box)

- ☐ Guardianship and Conservatorship  
☐ Guardianship  
☐ Conservatorship  
☐ Accounting

### I state under oath the following:

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)
 

<input type="checkbox"/> <i>"Petition for Permanent Appointment of Guardianship, Conservator or Both"</i> <input type="checkbox"/> <i>"Petition for Guardianship/Conservatorship"</i> <input type="checkbox"/> <i>"Consent of Parent to Guardianship, Conservatorship, or Both"</i>	<input type="checkbox"/> <i>"Affidavit of Person to be Appointed"</i> <input type="checkbox"/> <i>"Petition for Approval of Accounting"</i>
---	--
2. **RELATIONSHIP:** My relationship to the person who is named in the caption above as incapacitated or protected is (explain): \_\_\_\_\_
3. **WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

\_\_\_\_\_  
 Signature

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_ by \_\_\_\_\_  
 (Month/Day/Year)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Deputy Clerk/Notary Public

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

\_\_\_\_\_ ☐ an Adult or ☐ a Minor

STATE OF ARIZONA )  
 County of Maricopa ) ss.

Case Number: PB \_\_\_\_\_  
**PROOF OF NOTICE OF HEARING FOR**  
 (Check one box)  
☐ Guardianship and Conservatorship  
☐ Guardianship  
☐ Conservatorship  
☐ Accounting

### I state under oath the following:

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents. List specifically each court document you provided. Be sure you provided and you list the **"NOTICE OF HEARING."**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents listed in Number 1 above. State the relationship between the person who has or will have the guardian and/or conservator, and the person you gave the copies to. Be sure to list the ATTORNEY for the person who has or will have the guardian or conservator if the person is an adult. Be sure to list the COURT INVESTIGATOR if this is about a **"Petition to Appoint a Guardian and/or Conservator for an Adult."** (Use extra paper if necessary.)

- A. Name: \_\_\_\_\_  
 B. Relationship to person: \_\_\_\_\_  
 C. Date I gave the documents: \_\_\_\_\_  
 D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)  
☐ 1st class mail, postage prepaid  
☐ Certified mail  
☐ Registered mail (attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

- A. Name: \_\_\_\_\_  
 B. Relationship to person: \_\_\_\_\_  
 C. Date I gave the documents: \_\_\_\_\_  
 D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)  
☐ 1st class mail, postage prepaid

Case No. \_\_\_\_\_

- ☐ Certified mail  
☐ Registered mail (attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

- A. Name: \_\_\_\_\_  
B. Relationship to person: \_\_\_\_\_  
C. Date I gave the documents: \_\_\_\_\_  
D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)  
☐ 1st class mail, postage prepaid  
☐ Certified mail  
☐ Registered mail (attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

- A. Name: \_\_\_\_\_  
B. Relationship to person: \_\_\_\_\_  
C. Date I gave the documents: \_\_\_\_\_  
D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)  
☐ 1st class mail, postage prepaid  
☐ Certified mail  
☐ Registered mail (Attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_ by \_\_\_\_\_  
(Month/Day/Year)

My Commission Expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney State Bar Number: \_\_\_\_\_  
 Representing ☐ Self (Without a Lawyer) OR  
☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)  
☐ Guardianship or ☐ Conservatorship of

PB Number: \_\_\_\_\_

### ORDER RELEASING FUNDS FROM A RESTRICTED ACCOUNT AND REQUIRING PROOF OF USE OF FUNDS

\_\_\_\_\_ ☐ a Minor or ☐ an Adult

**This is an important court order that could affect your legal rights. Read it carefully. If you do not understand it, see a lawyer for help.**

### THE COURT FINDS:

1. **PETITION FILED.** A Petition for Release Funds from a Restricted Account was filed by the Guardian and/or Conservator.
2. **NOTICE OF PETITION.** Notice of the Petition was: ☐ given as required by law AND/OR ☐ waived by the following interested persons \_\_\_\_\_, AND/OR ☐ other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. The Petition for Release of Funds from the Restricted Account has been reviewed by the Court, and the Court finds that the protected person is in need of funds for the reasons set forth in the Petition and that no parent or person is obligated to satisfy this need and that funds are not available from any other source for these purposes.

### THE COURT ORDERS:

1. ☐ Directing (name of the depository/bank/financial institution) \_\_\_\_\_ to issue a check payable to the Guardian and/or Conservator from account # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.
2. ☐ Directing the Guardian and/or Conservator to use the money for the following purposes, and to file receipts as proof that the funds have been used for the purposes within \_\_\_\_\_ days of this order.

Case No. \_\_\_\_\_

**PURPOSE**

**AMOUNT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

3. ☐ Ordering that this case shall be reviewed by court staff by (date) \_\_\_\_\_, to determine compliance of Guardian and/or Conservator with this order.

Done in open court: \_\_\_\_\_

\_\_\_\_\_  
**JUDICIAL OFFICER OF THE SUPERIOR COURT**

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney State Bar Number: \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

PB Number: \_\_\_\_\_

### PROOF OF USE OF FUNDS RELEASED FROM RESTRICTED ACCOUNT AND PROOF OF MAILING

\_\_\_\_\_ ☐ a Minor or ☐ an Adult

1. **RELEASE OF FUNDS:** The Court ordered the release of funds from a restricted account on (date) \_\_\_\_\_ in the total amount of \$\_\_\_\_\_.
2. **USE OF FUNDS.** I spent the released money as follows: **(The originals of the receipts are attached to this court document.)** (Attach another sheet of paper if necessary.)

#### DESCRIPTION OF USE OF FUNDS

#### AMOUNT

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

3. **NOTICE TO INTERESTED PERSONS.** I gave notice of my actions by mailing or hand-delivering copies of this document and the receipts to the following person(s):

NAME	ADDRESS	RELATIONSHIP TO MINOR/ADULT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: \_\_\_\_\_

Signed: \_\_\_\_\_